Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>68/29/2007</u>	Address
Case #: 43 F 75171	Address: STATE ST. STAIRVIEW
County: BAPTILICK ONLEW	COMMING TY,
	<u> </u>
Type of Laboratory Seizure (check one)	Seizure Lucation (
⊠ Operational Lab	Seizure Location (check all that apply)
Chemical/Glassware/Equipment (only)	Residence Hotel/Motel Outbuilding Deen No Structure
Dumpsite (only)	Vehicle
Items Found: Location (bedroom, kitches, open ni	
(and all all all all all all all all all al	
Lithium/Ammonia Reaction(s): Col	ink.
Red Phosphorous/Iodiuc Reaction(s):	
Elements: TEONE + BACK	FLOORTYLAGE
Water Reactive Metal (Lithium):	The second section of
Anhydrous Ammonia:	
[] Hydrochlotic Acid Gas Generator(s):	
SCOROSIVE Acid: BACK FLOORBOARD	
Corrosive Base:	•
Other (item and location):	
	—·———-
Child under age 18 discovered (check one)	There is a second secon
Yes(number present)	Investigative Information
*If yes, fax report to Child Protective Services	Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip
	1 Clthar
This report is to be faxed to the following agencies	that serve the location:
	Fax: 812 - 376-2679
Health Department: BARTHOLONIEL Co.	Fax: 812 - 379 1046
Child Protection Service: N/A	
	Fax: N/A
For further information regarding this methamphetamine laboratory, contact	
Investigating Officer: KART JA MEAD Phone 812.577-144	
This form is to be faxed to the Fire Department, Health Department and/or Child Protection Services	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

ntment, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.